



## DEMOLITION CHECKLIST

### ☐ DISCONNECTIONS REQUIRED:

- Sewer: Homeowner must have a water contractor or plumber dig up the line buffalo box (outside water valve) and plug the valve
- Water: Homeowner must have a sewer contractor or plumber dig up the sewer line and cap the service
- Gas - Nicor
- Electric - ComEd

### ☐ IEPA ASBESTOS NOTIFICATION

- IEPA Form submitted with \$150 fee to Springfield
- IEPA demolition record number obtained

### ☐ VILLAGE PERMIT

### ☐ PUBLIC WORKS PERMIT

- Water inspection
- Sewer inspection
- Meter reader removal

### ☐ WATERSHED DEVELOPMENT PERMIT (WDP)

- Sediment Erosion Control
- Grading Plan
- Silt Fence

### ☐ ESTABLISH VILLAGE OF WAUCONDA ESCROW ACCOUNT

### ☐ BOND AND CERTIFICATE OF INSURANCE FROM DEMOLITION CONTRACTOR

### ☐ CALL JULIE PRIOR TO DIGGING





109 W. Bangs Street  
Wauconda, IL 60084  
Phone: (847) 526-9609  
Fax: (847) 526-8967  
BZ@wauconda-il.gov

# DEMOLITION PERMIT

Application Date: \_\_\_\_\_

Scheduled Demo Date: \_\_\_\_\_

**PERMIT #:** \_\_\_\_\_

## Required submittals:

☐ Site Plan or Plat of Survey    ☐ Public Works Permit    ☐ Grading/Soil Erosion Plan    ☐ Other: \_\_\_\_\_  
☐ Asbestos Removal Required    ☐ IEPA Demolition Record #: \_\_\_\_\_ (10 day notification to IEPA if required)

Permittee (Owner) : \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Demo Address: \_\_\_\_\_, Wauconda, IL 60084    **P.I.N.:** \_\_\_\_\_

Building Height: \_\_\_\_\_ feet    Building Ground Coverage: \_\_\_\_\_ square feet

Building Use: ☐ Residential    ☐ Commercial    ☐ Industrial    ☐ Public    ☐ Institutional    ☐ Other: \_\_\_\_\_

Demolition/General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Sewer and Water Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

## Bond & Certificate of Insurance required by Village of Wauconda Ordinance. Call J.U.L.I.E. PRIOR TO DIGGING: DIAL 811

The undersigned hereby applied to the Village of Wauconda, Illinois for a permit to demolish the structure or part thereof herein described, and if granted the permit applied for shall comply with all requirements of Village Ordinances relating thereto and pay the fees required by such Ordinances. No error or omission on either the plans or applications, whether said plans or applications have been approved by the Building Official or not, shall permit the applicant to construct the work in any manner other than that provided for in the ordinance of this Village relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

Signature of Applicant/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## TO BE COMPLETED BY OFFICE:

### PERMIT FEES:

\$30 per 1,000 sq ft of ground  
coverage or fraction thereof..... \$ \_\_\_\_\_

\$75 per 10' in height or fraction..... \$ \_\_\_\_\_

Public Works Permit Total..... \$ \_\_\_\_\_

Silt Fence Inspection..... \$ \_\_\_\_\_

Plan Review Fee..... \$ \_\_\_\_\_

Right of Way (ROW) Bond..... \$ \_\_\_\_\_

Street Opening Bond..... \$ \_\_\_\_\_

Performance Bond..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

### PERMIT APPROVED BY:

**BZ Dept:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PW Dept:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT:** ☐ CASH    ☐ CHECK #: \_\_\_\_\_

**Date Paid:** \_\_\_\_\_ **Permit Expires:** \_\_\_\_\_

**Collected By:** \_\_\_\_\_

**County:** Lake    **Township:** ☐ Wauconda    ☐ Fremont

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Location: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot#: \_\_\_\_\_

PROJECT: \_\_\_\_\_

☐ Single Family; # Floors: \_\_\_\_\_

☐ Multiple Family; # Units: \_\_\_\_\_ # Floors: \_\_\_\_\_ Village Engineer Approval Required: ☐ Yes ☐ No

Number of Water Services: \_\_\_\_\_ Size Water Service (1" min): \_\_\_\_\_ Number of Meters: \_\_\_\_\_ Size Water Meter (1" min): \_\_\_\_\_

Number of Sewer Services: \_\_\_\_\_ Size Sanitary Service (6" min): \_\_\_\_\_ Other: \_\_\_\_\_

►Plan & specification submittals for proposed building, sewer & water lines, meter locations, sidewalks, driveways, culverts, etc. may be required.

►A Plat of Survey submittal may be required. In consideration for the granting of permit, the owner & contractors agree:

1. To accept and abide by all applicable requirements contained in the Village of Wauconda Code of Ordinances. The applicant(s) having read this application and fully understanding the intent thereof, declares that the statements made are true to the best of his/her knowledge and belief.
2. To maintain the building, sewer lines, water lines, and meters at no expense to the Village.
3. To notify the Superintendent of Operations, Public Works Department, when the project is ready for inspection. All items shall remain uncovered until an inspection is conducted and approval is granted to backfill. ► **CALL 847-526-9610 TO SCHEDULE** ◄
4. Water & Sewer utility plans requiring review & approval by Village Engineer shall be charged per his regular hourly basis & paid by the permittee per statement.

NOTE: a copy of plumbing or sewer contractor's license and certificate of insurance are required

Type	Name of Contractor	Address	Phone
General			
Sewer			
Water			
Other			

- ☐ Certificate of Insurance listing the Village of Wauconda as additional insured required
- ☐ Contractor must be bonded.

PERMIT AND INSPECTION FEES:

Fee Description	Number	Fee Each	Sub Total
Water Connection: up to 1 1/2" (additional fee for larger connection)		\$2,850.00	\$0.00
Water Meter and Reader 1" (additional fee for larger meter)		\$440.00	\$0.00
Touch Pad Water Meter Reader Removal		\$25.00	\$0.00
Sewer Connection: based on 1 1/2" water line (additional fee for larger water line)		\$3,150.00	\$0.00
B&Z Plumbing Inspection - Cross Connection Control Device (\$50 10-10-3601; \$50 E010)		\$100.00	\$0.00
Unmetered Construction Water		\$50.00	\$0.00
Unmetered Landscape Water		\$50.00	\$0.00
New Landscaping Watering Permit (per month fee)		\$5.00	\$0.00
Water/Sewer Plan Review		\$50.00	\$0.00
PW Water or Sewer Line Inspection		\$50.00	\$0.00
Exterior Grease Interceptor Permit and Inspection		\$50.00	\$0.00
Interior Grease Trap Permit and Inspection		\$50.00	\$0.00
Hydrant Inspection <input type="checkbox"/> New <input type="checkbox"/> Relocate		\$50.00	\$0.00
Public Works Permit		\$50.00	\$0.00
Lawn Sprinkler System Permit		\$50.00	\$0.00
Culvert Inspection		\$40.00	\$0.00
Driveway Inspection <input type="checkbox"/> New <input type="checkbox"/> Repair		\$60.00	\$0.00
Sidewalk Inspection <input type="checkbox"/> New <input type="checkbox"/> Repair		\$45.00	\$0.00
plus .05 per square foot		\$0.05	\$0.00
Other:			\$0.00
Total Fees:			\$0.00

BONDS:

BOND - Refundable Parkway		\$500.00	\$0.00
BOND - Refundable Street Opening		\$2,000.00	\$0.00
Total Bonds:			\$0.00
GRAND TOTAL DUE:			\$0.00

\_\_\_\_\_

Approved & Issued by Public Works Dept

4/24/2014

Date

\_\_\_\_\_

Final Inspection by

PAID: ☐ CASH ☐ CK # \_\_\_\_\_

DATE PAID: \_\_\_\_\_



## Air Pollution Information

## Asbestos Program

### Welcome to the Illinois EPA Asbestos Unit.

**Contact:**

E-Mail: Ron Robeen, Acting Manager  
Phone: (217) 524-0229  
Fax: (217) 782-1875

**Address:**

Asbestos Unit  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

**Overview:**

The Illinois EPA Asbestos Unit protects the people of the State of Illinois and the environment from asbestos exposure. Illinois EPA is the USEPA delegated authority to enforce the National Emission Standards for Hazardous Air Pollutants (NESHAP) for regulated asbestos during demolition, renovation and disposal.

Owners and operators subject to the National Emission Standard for Hazardous Air Pollutants (NESHAP) are required to submit a \$150 fee along with a Demolition/Renovation/Asbestos Project Notification Form 10 working days in advance of commencing a regulated asbestos demolition or renovation project.

- **Combined Demolition/Renovation/Asbestos Project Notification Form**

The Combined Notification of Demolition and Renovation form is used for notifications sent to IEPA, Illinois Department of Public Health (IDPH), City of Chicago and Cook County. A separate copy must be sent to each agency if you are required to send a form to IDPH, City of Chicago or Cook County. Electronic submission is not available at this time. Please print, provide original signature, and mail with \$150 fee or proof of electronic payment to the above address.

- **Initial Notification Electronic Fee Payment**

Visa, MasterCard, American Express, Discover, or E-Check (There will be a \$6.00 convenience fee charged by the card services agency for all electronic payment types.)

**WARNING:** Payment of fees alone does not constitute compliance with regulatory requirements. All forms and reports must be submitted as applicable for your source's regulatory requirements as well as proof of payment. Failure to submit the Asbestos Demolition/Renovation/Asbestos Project Notification Form to the Illinois EPA 10 working days prior to start date could result in additional fees or penalties.

**For more information regarding Asbestos Requirements Visit:**

- **How Do I Manage Asbestos in my House or Apartment Building?**
- **How Do I Manage Asbestos in my Building?**
- **USEPA Website**  
This site has some very good guidance documents.
- **Illinois Department of Public Health**  
For information regarding asbestos training, or licensure, please contact IDPH at (217) 782-3517. IDPH also has regulations regarding schools, and commercial and public buildings.
- **Cook County Asbestos Requirements**
- **City of Chicago Asbestos Requirements**
- **Occupational Safety & Health Administration - US Department of Labor**  
OSHA regulations also apply to asbestos projects.

- Illinois Small Business Environmental Assistance Program

## Regarding Vermiculite Attic Insulation

The U.S. Environmental Protection Agency (EPA) offices have received a large number of phone calls from citizens concerned about vermiculite insulation in their home that might be contaminated with asbestos. EPA is gathering more information about vermiculite insulation and other products containing vermiculite. For more information, please refer to the following documents.

- Message to the Public about Vermiculite Insulation
- Stakeholder Letter regarding Vermiculite Insulation

**Please Note:** Some municipalities have permit fees or other regulations regarding asbestos abatement and/or demolition activities. Please check with local authorities prior to demolition/renovation activities.



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# STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

**Environmental Protection Agency (IEPA):** Projects of at least 160 sq./ft or 260 linear ft., or 1 cubic meter and all demolition projects shall be submitted to IEPA. This form shall be submitted for all original notifications and revisions to IEPA **(\$150)** Attach Illinois E-Pay receipt if paid electronically.

**Illinois Department of Public Health (IDPH):** Abatement projects greater than 3 sq./ft and or 3 linear ft. up to 160 sq.ft or 260 linear feet and all school projects shall be submitted to IDPH. This form shall be submitted for all original notifications and revisions to IDPH (no fee).

**Cook County (excluding the City of Chicago):** All projects in Cook County must notify Cook County Environmental Control & IEPA if applicable. This form and appropriate fee shall be submitted for all original notifications to Cook County **(\$200)**. A Cook County Revision Form must be used to cancel an asbestos permit.






**City of Chicago:** All projects in the City of Chicago, except residential renovations in buildings with fewer than two dwelling units, must notify the City & IEPA if applicable. This form and appropriate fee shall be submitted for all notifications to the City of Chicago (see bottom pg 2 for fee amount).

**Copies of this form may be found at: [www.ienconnect.com/enviro](http://www.ienconnect.com/enviro)**

Date:		Illinois E-Pay Authorization Code (IEPA Only):		
<b>TYPE OF NOTIFICATION:</b> <input type="checkbox"/> original <input type="checkbox"/> demolition <input type="checkbox"/> renovation <input type="checkbox"/> cancellation <input type="checkbox"/> revision <input type="checkbox"/> ordered demolition <input type="checkbox"/> annual				
Check Type of Project Below: (Check all that apply.)				
<input type="checkbox"/> Friable School Project <input type="checkbox"/> Non-Friable School Floor Tile Project <input type="checkbox"/> Commercial Public Building (Friable & Non-Friable)				
<b>Revised by:</b> <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Project Designer #of times revised: List Section #'s being revised:				
<b>1. FACILITY INFORMATION:</b>				
Facility name:		School Bldg ID:		
Location of Asbestos Containing Material (ACM) in Structure:				
Bldg Size:	Sq.Ft.:	#Flrs:	Age:	
Present Use:		Future Use (demo)		
Prior Use:		Future Use (demo)		
Address:		City:	County: Zip:	
Contact:		Phone:		
<b>2. FACILITY OWNER OR SCHOOL DISTRICT:</b> (Tip: Complete for all projects Commercial/Public or Schools)				
Facility Owner Name:		Address:		
City:	State:	Zip:	Contact: Phone:	
Copies of abatement permission and written verification certification to all building occupants and users from the building owner or school board shall be submitted for IDPH public and private school facilities as required by Section 855.350 of the IDPH Asbestos Code.				
<b>3. ASBESTOS CONTRACTOR NAME:</b> ID#:				
Address:		City:	State: Zip:	
Contact:		Phone:		
<b>4. DEMOLITION CONTRACTOR NAME:</b>				
Address:		City:	State: Zip:	
Contact:		Phone:		
<b>5. ABATEMENT INFORMATION:</b> Is Asbestos Present? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:				
Description of Work Practice(s) and Engineering Controls used to Prevent Emissions at the Demolition or Renovation Site:				
<b>6. Quantities:</b>				
	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asbestos not to be removed (demolition) CAT I CAT II	Non-friable asbestos to be removed CAT I CAT II	TOTAL ASBESTOS TO BE REMOVED
Pipes (Ln. Ft.):				
Surface Area (Sq. Ft.):				
Volume (Cu. Ft.):				
Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.				
<b>7. ABATEMENT START DATE:</b>		Finish Date:	Work hours:	AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>
<b>AND/OR DEMOLITION START DATE:</b>		Finish Date:	Work hours:	AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>
Working Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Working Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. IEPA, City of Chicago, and Cook County cannot accept faxed copies, however, IDPH will accept faxed submissions. Phased projects will not be accepted.				

<b>8. PROJECT DESIGNER ID#: 100-</b>		Name:	
Complete Project Designer Name and License ID# if this project was designed by a Designer.			
<b>9. INSPECTOR ID#: 100-</b>		Name:	
<i>Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.</i>			
<b>10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS</b>			
Name of Analytical Testing Laboratory:			
<b>11. ASBESTOS PROJECT MANAGER ID#: 100-</b>		Name:	
<b>12. AIR SAMPLING PROFESSIONAL ID#: 100-</b>		Name:	
<b>13. DISPOSAL SITE/LANDFILL NAME:</b>			
Address:		Contact:	
City:	State:	Zip:	Phone:
<b>14. WASTE TRANSPORTER/NAME:</b>			
Address:		Contact:	
City:	State:	Zip:	Phone:
<b>15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(If yes, a signed copy of Order must be attached.)</i>			
Government representative ordering the activity:			
Title:	Date of Order:	Order Demolition Date:	
<b>16. FOR EMERGENCY RENOVATION:</b>			
Date and hour of emergency (mm/dd/yy):		AM <input type="checkbox"/> PM <input type="checkbox"/>	
Describe sudden unplanned event. ( example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.			
<b>17. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized or reduced to powder.</b>			
I certify that at least one representative trained in the provisions of 40 CFR Part 61, Subpart M, shall be on site during demolition or renovation, having in his or her possession for inspection, evidence that the requisite training has been accomplished.			
<b>CERTIFICATE #</b> _____		<b>NAME OF TRAINING COURSE</b> _____	
<b>I certify the above information is correct.</b>			
<b>Signature of Demolition/Abatement Contractor or the Owner</b>		<b>Date</b>	
Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).			
<i>Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA, City of Chicago, &amp; Cook County must be accompanied by the appropriate fee. There is no fee for notification to IDPH.</i>			
<b>For Cook County Departmental Use Only.</b>			
Date Received CCDEC:		Post Mark Date:	
Inspection Fee Received:		Input Into Computer:	
Inspection Priority: Top <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>		Must be Inspected:	
Date(s) of Inspections:			
Inspection Report Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		Violation Copies Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	

The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.

 <p><b>Cook Co. Dept. of Env. Control</b> 69 W. Washington, Suite 1900 Chicago, IL 60602-3004 <b>\$200 filing fee</b></p>	 <p><b>Submit this form to the appropriate agencies:</b></p>	 <p><b>IL Department of Public Health</b> 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897)</p>
 <p><b>IL Environmental Protection Agency</b> P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 <b>\$150 fee</b> (Attach payment or Illinois E-Pay receipt if paid electronically.)</p>	 <p><b>Chicago Department of Public Health</b> Permitting and Inspections 333 S. State St., Room 200 Chicago, IL 60604  ** except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.</p>	<p><b>Fees apply as follows:</b></p> <p>Residential Unit with less than 4 units . . . <b>\$300.00**</b></p> <p>Residential Units with 4 units or more . . . <b>\$450.00</b></p> <p>Commercial/Industrial facilities . . . . . <b>\$600.00</b></p>